

iEXCHANGE[®]' IVR Reference Guide



Referrals and Precertifications through the iEXCHANGE Interactive Voice Response (IVR) System

1-800-413-0869

(Note: February 23, 2010 edition – for updates or revisions to this reference guide, please visit the BCBSTX Provider Web site at www.bcbstx.com/provider/reference_guides.htm)

IMPORTANT REMINDERS**1) Refer to In-Network Providers**

With respect to the care of your patients, Blue Cross and Blue Shield of Texas (BCBSTX) recognizes that you have the ultimate responsibility for and professional authority over your practice. As a reminder, your participating provider agreement requires that you utilize participating in-network facilities/ancillary providers and other in-network physicians/professional providers (“providers”), whenever possible.

If you have any questions regarding the participating providers in your area, please consult the online Provider Finder[®] at www.bcbstx.com/provider or contact your local Professional Provider Network or Facility Provider Network office.

2) Limited Provider Networks

HMO Blue Texas physicians/professional providers in a Limited Provider Network (LPN) must refer care to HMO Blue Texas physicians/professional providers contracted in the same network and should contact the LPN for any additional authorization requirements.

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iEXCHANGE Information

iEXCHANGE is the Blue Cross and Blue Shield of Texas interactive voice response (IVR) referral and certification system. iEXCHANGE improves your access and promotes a paperless environment. The system will decrease the amount of information needed for each referral and precertification. The iEXCHANGE System requires minimal clinical information. Using your touch-tone telephone, you will input an ICD-9 code for a diagnosis and a CPT code for a procedure. While on the phone, you will receive an iEXCHANGE System confirmation number at the end of each transaction.

This iEXCHANGE Reference Guide contains information necessary on the use of iEXCHANGE, including:

- Information about physician, professional provider and facility iEXCHANGE IDs.
- Steps to complete an iEXCHANGE referral and certification.
- Information about BlueChoice PPO/POS & BlueChoice Solutions PPO/POS referral and certification requirements.
- Information about HMO Blue Texas referral and certification requirements.

Use the iEXCHANGE Interactive Voice Response (IVR) System
24 hours a day, 7 days a week by accessing:
by calling
1-800-413-0869

(Note: Exception: The 3^d Sunday of every month the system will be unavailable from 11:00am – 2:00pm CST)

Thank you for your cooperation.

Physician and other Professional Provider & Facility Provider Identifier (NPI) is found in BCBSTX' online provider directory, *Provider Finder*, immediately below the physician, professional provider or facility listing.

Physician example: Smith, Bob T, MD
123 Main St
Any City, TX 75123 (972) 111-1111
Hospital Affiliations: AO
Practice Information: No patients over 2 years old
National Provider Identifier (NPI):

Facility example: Medical Hospital (972) 111-1111
123 Main St
Any City, TX 75123
National Provider Identifier (NPI):

iEXCHANGE Information, continued

About your Provider Identifier (ID) The Provider Identifier (ID) for all physicians, other professional providers and facilities, is the provider's National Provider Identifier (NPI) number. Consult the online provider directory, *Provider Finder*, at www.bcbstx.com to view your provider identifier.

Converting Alpha Characters to Numeric When entering a letter (alphabetic character) using your telephone's key pad, please use the following guide to convert the letter (alpha character) in the entry of an ICD-9 code:

1. Press the * key (asterisk) to indicate that you are entering a letter.
2. Press the key on the phone pad that contains the letter you wish to enter.
3. Indicate the letter you wish to select by entering the appropriate number on your phone's key pad.
 - if the letter you wish to enter is the 1st letter on the key containing the desired letter, press the "1" key.
 - if the letter you wish to enter is the 2nd letter on the key containing the desired letter, press the "2" key.
 - if the letter you wish to enter is the 3rd letter on the key containing the desired letter, press the "3" key.
 - if the letter you wish to enter is the 4th letter on the key containing the desired letter, press the "4" key.

Example: To enter the letter "R", you would press the following key combination: * 73

Example → *

A = 21	H = 42	O = 63	V = 83
B = 22	I = 43	P = 71	W = 91
C = 23	J = 51	Q = 72	X = 92
D = 31	K = 52	R = 73	Y = 93
E = 32	L = 53	S = 74	Z = 94
F = 33	M = 61	T = 81	
G = 41	N = 62	U = 82	

Change Entered Information The IVR system will repeat information that you have entered and ask you if this is correct. If repeated information is incorrect, you will have an opportunity to re-enter the correct information. At the very end of your transaction, the system will provide a prompt for you to review a summary of your entries and if anything is incorrect at this point, you will have another opportunity to re-enter the correct information.

Dates When entering dates, you will be prompted to enter dates in a 2-digit month, 2-digit day and a 4-digit year format followed by the # key. Example: March 20, 2007 → Enter: 05232008#

Extending Existing Treatments The Extension Functionality to extend an existing referral or Inpatient Certifications is not currently available on the IVR System.

- *For Referral Extensions*, you will need enter a new referral
- *For Inpatient Certification Extensions*, please contact Medical Care Management at 1-800-441-9188, select 1 (English), then select 3 (preauthorizations & referrals), then select 3 (preauthorizations & referrals) again, then select 2 (Medical/Surgical).

ICD-9 Codes ICD-9 codes must be entered without the decimal point. If applicable, you will need to convert the alpha prefix to numeric. Refer to instructions above. Example: V70.0 = *83700#

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iEXCHANGE Information, continued

Invalid Entries	If you input three invalid entries on any particular field, your call will be transferred to Medical Care Management.
Medical Care Management	Medical Care Management reviews referrals and inpatient certifications not completed in iEXCHANGE. The Medical Care Management department may be reached at 1-800-441-9188, select 1 (English), then select 3 (preauthorizations & referrals), then select 3 (preauthorizations & referrals) again, then select 2 (Medical/Surgical). Telephones are answered by Medical Care Management personnel from 6:00 AM to 6:00 PM, CST, Monday through Friday and non-legal holidays and 9:00 AM to 12:00 PM (noon) CST, Saturday, Sunday and legal holidays. Messages may be left in a confidential voice mailbox after business hours.
Multiple Diagnosis	In cases with multiple diagnoses, use the diagnosis code for the most intense or primary condition.
Online Web Access & Application Instructions	Access iEXCHANGE Web through the BCBSTX Web site address: www.bcbstx.com/provider .
Searching for Existing Treatments	To search for an existing treatment, select the Treatment Search option from the main menu. You will be prompted to enter the Member ID and a Case ID number. (Please note – the Case ID number includes a dash. Refer below to the entry instructions under “Special Character”). When the iEXCHANGE IVR finds one or more treatments matching the search criteria you have entered, you are able to listen to a summary of each treatment.
Skip Forward Through a Menu	As a frequent caller you will become familiar with the call flow. If you know the answer to the prompt, press the appropriate key. The system will stop its message, register your answer, and take you to the next step.
Special Character	The following special character is supported for the entry of a dash: - (Dash) To enter a dash: Press the following key combination: * 11
Support Desk	The Texas iEXCHANGE Support Desk is available Monday through Friday, 8:00 AM to 5:00 PM, CST, by calling 1-800-441-9188, select 1 (English), then select 3 (preauthorizations & referrals), then select 2 (for assistance with the iEXCHANGE system). The support desk assists providers when they are having difficulty utilizing the iEXCHANGE IVR application, ie. need provider identifier, diagnosis codes, resetting the Office Administrators' iEXCHANGE Web password, reporting issues with iEXCHANGE, etc.

IMPORTANT NOTE

Referrals and certifications are not verifications and do not guarantee payment of claims, which are subject to eligibility and benefits based on date(s) of service.

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How to Complete an iEXCHANGE IVR Referral

Before you begin Before you begin these steps, consult the online provider directory – *Provider Finder* – located at www.bcbstx.com to make sure you are referring to a *participating* physician, professional provider or facility (BlueChoice/BlueChoice Solutions, HMO Blue Texas, whichever is applicable). **Caution:** *Many physicians/professional providers have the same first and last name. Please be sure to verify name, address & specialty when making a selection.*

Procedure Follow these steps to complete an iEXCHANGE IVR Referral.

Step #	Action
1	<p style="text-align: center;">Access iEXCHANGE by dialing 1-800-413-0869.</p> <p style="text-align: center;">Welcome to the iEXCHANGE IVR System</p>
2	<ul style="list-style-type: none"> ▪ To create a new referral or certification, press 1 ▪ To perform a treatment search or extend an existing treatment (refer to Note), press 2 – then skip to #4 below <p>Note: The Extension Functionality to extend an existing referral is not currently available on the IVR System. <i>For Referral Extensions</i>, you will need to enter a new referral.</p>
3	<ul style="list-style-type: none"> ▪ To create a new referral, press 1 – then skip to #5 below ▪ To create an Inpatient Certification, press 2 – then refer to page 7 for further instructions
4	<ul style="list-style-type: none"> ▪ To search for a treatment using a case ID number, press 2 – then refer to page 4 for further instructions ▪ To cancel this transaction and return to the main menu, press 3
5	<p>Enter the Member ID followed by the # key.</p> <p>Note:</p> <ul style="list-style-type: none"> ▪ Member ID can be found on the patient’s ID card. ▪ Do not enter the alpha prefix ▪ Enter remaining portion of Member’s ID exactly as it appears on card converting any alpha characters using table on page 3. ▪ For Member IDs beginning with an “R”, enter a leading *73 followed by the remaining numbers.
6	<p>Enter the relationship code for this member.</p> <ul style="list-style-type: none"> ▪ For subscriber, press 1 ▪ For spouse, press 2 ▪ For dependent, press 3 ▪ For other, press 4 <p>Note: You will only hear this prompt if the subscriber has covered dependents.</p>

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How to Complete an iEXCHANGE IVR Referral, Continued

Step #	Action
7	<p>Enter the submitting provider NPI followed by the # key.</p> <p>Note: Refer to the online provider directory for submitting provider NPI.</p> <p>Note: If the provider has more than one location under their NPI, you will be prompted to enter the provider's ten digit telephone number.</p>
8	<p>Enter the referred-to provider NPI followed by the # key.</p> <p>Note: Refer to the online provider directory for referred-to provider NPI.</p> <p>Note: If the provider has more than one location under their NPI, you will be prompted to enter the provider's ten digit telephone number.</p>
9	<p>Enter the ICD-9 diagnosis code excluding the decimal point followed by the # key.</p> <p>Note: If applicable, you will need to convert the alpha prefix to numeric. Refer to instructions on page 3. Example: V70.0 = *83700#</p>
10	<p>Enter the number of visits or units you are requesting followed by the # key.</p>
11	<p>Enter the beginning date of the service in 2-digit month, 2-digit day and 4-digit year format followed by the # key.</p> <p>Example: January 7, 2008 → Enter: 01072008#</p>
12	<p>Enter the ending date of service in 2-digit month, 2-digit day and 4-digit year format followed by the # key.</p> <p>Example: March 30, 2008 → Enter: 03302008#</p>
13	<p>iEXCHANGE Response:</p> <p>We have gathered all of the necessary information.</p> <ul style="list-style-type: none"> ▪ To listen to a summary of the entries, press 1 ▪ To cancel this transaction and return to the main menu, press 2 ▪ To submit this request for preview, press # key <p>Note: You will hear the following messages after a successful posting of an IVR referral transaction:</p> <ul style="list-style-type: none"> ▪ The referral has been approved. ▪ The case ID number is ... 07219-AAAA (example) ▪ To repeat the confirmation number and case information, press 1 ▪ To create another referral for the same member, press 2 ▪ To create another new referral for a different member, press 3 ▪ To return to the main menu, press 4 ▪ To exit the system, press 9

How to Complete an iEXCHANGE IVR Inpatient Certification

Before you begin Before you begin these steps, consult the online provider directory – *Provider Finder* – located at www.bcbstx.com to make sure you are referring to a *participating* facility (BlueChoice/BlueChoice Solutions, HMO Blue Texas, whichever is applicable). **Caution:** *Many physicians and professional providers have the same first and last name. Please be sure to verify name, address & specialty when making a selection. Also, the same applies to facilities.*

Procedure Follow these steps to complete an iEXCHANGE IVR Inpatient Certification.

Step #	Action
1	<p>Access iEXCHANGE by dialing 1-800-413-0869.</p> <p style="text-align: center;">Welcome to the iEXCHANGE IVR System</p>
2	<ul style="list-style-type: none"> ▪ To create a new referral or certification, press 1 <p>Note: For maternity notification, press 1</p> <ul style="list-style-type: none"> ▪ To perform a treatment search or extend an existing treatment (refer to Note below), press 2 – <i>then skip to #4 below</i> <p>Note: The Extension Functionality to extend an existing Inpatient Certification is not currently available on the IVR System. <i>For Inpatient Certification Extensions</i>, please contact Medical Care Management at 1-800-441-9188, select 1 (English), then select 3 (preauthorizations & referrals), then select 3 (preauthorizations & referrals) again, then select 2 (Medical/Surgical).</p>
3	<ul style="list-style-type: none"> ▪ To create a new referral, press 1 – <i>then refer to page 5 for further instructions</i> ▪ To create an Inpatient Certification, press 2 – <i>then skip to #5 below</i> <p>Note: For maternity notification, press 2</p>
4	<ul style="list-style-type: none"> ▪ To search for a treatment using a case ID number, press 2 – <i>then refer to page 4 for further instructions</i> ▪ To cancel this transaction and return to the main menu, press 3
5	<p>Enter the Member ID followed by the # key.</p> <p>Note:</p> <ul style="list-style-type: none"> ▪ Member ID can be found on the patient’s ID card. ▪ Do not enter the alpha prefix. ▪ Enter remaining portion of Member’s ID exactly as it appears on card converting any alpha characters using the table on page 3. ▪ For Member IDs beginning with an “R”, enter a leading *73 followed by the remaining numbers and # sign.
6	<p>Enter the relationship code for this member.</p> <ul style="list-style-type: none"> ▪ For subscriber, press 1 ▪ For spouse, press 2 ▪ For dependent, press 3 ▪ For other, press 4 <p>Note: You will only hear this prompt if the subscriber has covered dependents.</p>

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How to Complete an iEXCHANGE IVR Inpatient Certification, Continued

Step #	Action
7	<p>Enter the submitting provider NPI followed by the # key.</p> <p>Note: Refer to the online provider directory for submitting provider NPI.</p> <p>Note: If the provider has more than one location under their NPI, you will be prompted to enter the provider's ten digit telephone number.</p>
8	<p>Enter the attending provider NPI followed by the # key.</p> <p>Note: Refer to the online provider directory for attending provider NPI.</p> <p>Note: If the provider has more than one location under their NPI, you will be prompted to enter the provider's ten digit telephone number.</p>
9	<p>Enter the facility NPI followed by the # key.</p> <p>Note: Refer to the online provider directory for facility NPI.</p> <p>Note: If the facility provider has more than one location under their NPI, you will be prompted to enter the facility provider's ten digit telephone number.</p>
10	<p>Enter admitting date of the service in 2-digit month, 2-digit day and 4-digit year format followed by the # key.</p> <p>Example: January 7, 2008 → Enter: 01072008#</p>
11	<p>Enter the ICD-9 diagnosis code excluding the decimal point followed by the # key.</p> <p>Note: If applicable, you will need to convert the alpha prefix to numeric. Refer to instructions on page 3. Example: V70.0 = *83700#</p>
12	<p>Enter the length of stay in days followed by the # key.</p>
13	<p>Select one of the following treatment settings for this certification request:</p> <ul style="list-style-type: none"> ▪ Inpatient Acute, press 1 ▪ Sub Acute, press 2 ▪ Long Term Acute Care (LTAC), press 3 ▪ Skilled Nursing, press 4 ▪ Rehab, press 5

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How to Complete an iEXCHANGE IVR Inpatient Certification, Continued

14	<ul style="list-style-type: none"> ▪ Enter CPT procedure code followed by the # key. ▪ Otherwise, to continue, press the # key.
15	<p>Enter scheduled date in 2-digit month, 2-digit day and 4-digit year format followed by the # key.</p> <p>Example: January 7, 2008 → Enter: 01072008#</p>
16	<ul style="list-style-type: none"> ▪ If this certification request is for a surgical admission, press 1 ▪ Otherwise, press the # key to continue
17	<ul style="list-style-type: none"> ▪ If this certification request is for an emergency , press 1 ▪ Otherwise, press the # key to continue
18	<p>iEXCHANGE Response:</p> <p>We have gathered all of the necessary information for this certification request.</p> <ul style="list-style-type: none"> ▪ To listen to a summary of the entries, press 1 ▪ To cancel this transaction and return to the main menu, press 2 ▪ To submit this request for preview, press # key <p>Note: You will hear the following messages after a successful posting of an IVR certification transaction:</p> <ul style="list-style-type: none"> ▪ The certification has been approved. ▪ The case ID number is ... 07190-AAAD (example) ▪ To repeat the confirmation number and case information, press 1 ▪ To create another IP certification for the same member, press 2 ▪ To create another new IP certification for a different member, press 3 ▪ To return to the main menu, press 4 ▪ To exit the system, press 9

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**BLUECHOICE® PPO/POS & BLUECHOICE SOLUTIONS PPO/POS
PRECERTIFICATION / NOTIFICATION / REFERRAL REQUIREMENTS**

BlueChoice PPO/POS & BlueChoice Solutions PPO/POS:	Referrals for Out-of-Network/Out-of-Plan Services due to network inadequacy or continuity of care always require Medical Management Review. Emergency Services are an exception to this requirement. Utilization Management (UM) must be notified within the later of 48 hours or by the end of the next business day of an emergency hospital admission.		
PRECERTIFICATION/NOTIFICATION/ REFERRAL REQUIREMENT	PROCESS IN iEXCHANGE	PRECERTIFICATION	REFERRAL
1. Inpatient Facility Admissions - Hospital - Rehab - Skilled Nursing - Long Term Acute Care / Sub-acute	iEXCHANGE Precertification for Selected Facility Admissions	Certain Facility Admissions Require Medical Management Review	
2. Obstetrical Care	iEXCHANGE Maternity Notification		
3. Inpatient Hospice	iEXCHANGE Precertification		
4. Inpatient Pain Management		Precertification Requires Medical Management Review	
5. Inpatient Cardiac Rehabilitation	iEXCHANGE Precertification		
6. *High Tech Outpatient Diagnostic Radiology Procedures		Call American Imaging Management (AIM) for a Radiology Quality Initiative (RQI) number at 1-800-859-5299	
7. In-Network/In-Plan Services			POS only – iEXCHANGE Referral for All Primary Care Physician (PCP) Referrals to Specialists outside of the PCP's Call Group/Back Up
8. Out-of-Network/Out-of-Plan Services		Out-of-Network/Out-of-Plan Services require Medical Management Review if requested due to network inadequacy or continuity of care. Emergency Services are an exception to this requirement. UM must be notified within the later of 48 hours or by the end of the next business day of an emergency hospital admission.	Out-of-Network/Out-of-Plan Services require Medical Management Review if requested due to network inadequacy or continuity of care. Emergency Services are an exception to this requirement. UM must be notified within the later of 48 hours or by the end of the next business day of an emergency hospital admission.
9. Home Health Services		Precertification Requires Medical Management Review	
10. Home Infusion Therapy		Precertification Requires Medical Management Review	
11. Inpatient Hyperbaric Treatment		Precertification Requires Medical Management Review	

*High Tech Outpatient Diagnostic Radiology Procedures (CT/CTA scans, MRI/MRA scans, SPECT/Nuclear Cardiology studies & PET Scans) require a Radiology Quality Initiative (RQI) number prior to services. Physicians should contact American Imaging Management, Inc. (AIM) at 1-800-859-5299 to obtain an RQI number. **Note:** This program does not apply to imaging studies performed in conjunction with any Inpatient, Emergency Room, 23-hour Observation, or Day Surgery admissions.

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**BLUECHOICE® PPO/POS & BLUECHOICE SOLUTIONS PPO/POS
PRECERTIFICATION / NOTIFICATION / REFERRAL REQUIREMENTS, *continued***

PRECERTIFICATION/NOTIFICATION/ REFERRAL REQUIREMENT	PROCESS IN iEXCHANGE	PRECERTIFICATION	REFERRAL
12. Drug/Alcohol Treatment		Precertification Required. Refer Request to Behavioral Health (see back of ID card for phone number)	
13. Mental Health Services		Precertification Required. Refer Request to Behavioral Health (see back of ID card for phone number)	
14. Physical Therapy	iEXCHANGE Referral - If services provided and billed by a network facility, no precertification is required PPO only – No precertification required if services are In-Network		
15. Occupational Therapy	iEXCHANGE Referral - If services provided and billed by a network facility, no precertification is required PPO only – No precertification required if services are In-Network		
16. Speech Therapy	iEXCHANGE Referral - If services provided and billed by a network facility, no precertification is required PPO only – No precertification required if services are In-Network		
17. Inpatient Sleep Studies		Precertification Requires Medical Management Review	
18. Dental Procedures		Precertification Requires Medical Management Review	

HMO BLUE® TEXAS PRECERTIFICATION / NOTIFICATION / REFERRAL REQUIREMENTS
Effective November 1, 2007

Out-of-Network/Out-of-Plan Services always require medical management review. If no precertification or referral is obtained for the Out-of-Network/Out-of-Plan Services, no benefits are available and network claims will be denied. Emergency Services are an exception to this requirement.

HMO Blue Texas physicians/professional providers in a Limited Provider Network must refer care to HMO Blue Texas physicians/professional providers contracted in the same network.

PRECERTIFICATION / NOTIFICATION / REFERRAL REQUIREMENTS	PROCESS IN iEXCHANGE	PRECERTIFICATION	REFERRAL
1. Inpatient Facility Admissions - Hospital - Rehab - Skilled Nursing - Long Term Acute Care / Sub-acute	iEXCHANGE Notification for Selected Facility Admissions	Certain Facility Admissions Require Medical Management Review	
2. Obstetrical Care	iEXCHANGE Maternity Notification		
3. Hospice	iEXCHANGE Notification		
4. Pain Management		Precertification Requires Medical Management Review	
5. High Tech Outpatient Diagnostic Radiology Procedures*		Call American Imaging Management (AIM) for precertification at 1-800-859-5299	
6. In-Network/In-Plan Services	iEXCHANGE Referral for ALL Primary Care Physicians (PCP) Referrals to Specialists Outside of the PCP's Call Group / Back Ups		
7. Out-of-Network/Out-of-Plan Services		Out-of-Network/Out-of-Plan Services always requires Medical Management Review. If no precertification is obtained for the Out-of-Network/Out-of-Plan Services, no benefits are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas physicians/professional providers in a Limited Provider Network must refer care to HMO Blue Texas physicians/professional providers contracted in the same network.	Out-of-Network/Out-of-Plan Services always requires Medical Management Review. If no referral is obtained for the Out-of-Network/Out-of-Plan Services, no benefits are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas physicians/professional providers in a Limited Provider Network must refer care to HMO Blue Texas physicians/professional providers contracted in the same network.
8. Home Health Services		Precertification Requires Medical Management Review	
9. Hyperbaric Treatment		Precertification Requires Medical Management Review	
10. Drug/Alcohol Treatment		Call Magellan for Precertification	
11. Mental Health Services		Call Magellan for Precertification	
12. Physical Therapy Referral is not required for outpatient facility therapy	iEXCHANGE Referral		
13. Occupational Therapy Referral is not required for outpatient facility therapy	iEXCHANGE Referral		
14. Speech Therapy Referral is not required for outpatient facility therapy	iEXCHANGE Referral		
15. Sleep Studies Precertification is not required for In-Network/ In-Plan outpatient sleep studies.		Out-of-Network/Out-of-Plan Services always require Medical Management Review. If no precertification is obtained for the Out-of-Network/Out-of-Plan Services, no benefits are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas physicians/professional providers in a Limited Provider Network must refer care to HMO Blue Texas physicians/professional providers contracted in the same network.	
16. Dental Procedures		Precertification Requires Medical Management Review	

*High tech outpatient diagnostic radiology procedures (CT/CTA scans, MRI/MRA scans, SPECT/Nuclear Cardiology studies & PET scans) in the following Austin, Dallas/Ft. Worth & San Antonio counties require precertification: Bastrop, Bexar, Collin, Comal, Dallas, Denton, Ellis, Grayson, Hays, Johnson, Kaufman, Parker, Rockwall, Tarrant, Travis, Williamson and Wise. For precertification, call American Imaging Management (AIM) at 1-800-859-5299.

Note: This program does not apply to imaging studies performed in conjunction with any Inpatient, Emergency Room, 23-hour Observation, or Day Surgery admissions.

Blue Cross and Blue Shield of Texas iEXCHANGE Referral & Precertification Worksheet 1-800-413-0869

	Member ID Number followed by the # key <ul style="list-style-type: none"> ▪ Do not enter the alpha prefix ▪ Enter remaining portion of Member's ID exactly as it appears on card converting any alpha characters using table below ▪ For Member IDs beginning with an "R", enter a leading *73 followed by the remaining numbers.
	Relationship Code of this Patient to Member: (1) self (2) spouse (3) child (4) other

Referral	
	Enter Submitting Provider NPI followed by the # key
	Enter Submitting Provider 10-digit telephone number
	Enter Referred-to Provider (Specialist) NPI followed by the # key
	Enter Referred-to Provider (Specialist) 10-digit telephone number
	Enter ICD-9 Code followed by the # key (no decimal; convert alpha prefix to numeric)
	Enter Number of Visits or Units Requested followed by the # key
	Enter Beginning Date of Service followed by the # key (Example: 01072008#)
	Enter Ending Date of Service followed by the # key (Example: 01072008#)
	iEXCHANGE Case ID Number Is: _____

Inpatient Certification	
	Enter Submitting Provider NPI followed by the # key
	If Submitting Provider is a: <ul style="list-style-type: none"> • physician, press 1 • facility, press 2
	Enter Attending Provider NPI followed by the # key
	Enter Attending Provider 10-digit telephone number
	Enter Facility ID NPI followed by the # key
	Enter Facility Provider 10-digit telephone number
	Enter Admitting Date followed by the # key (Example: 01072008#)
	Enter ICD-9 code followed by the # key (no decimal; convert alpha prefix to numeric)
	Enter Length of Stay in Days followed by the # key
	Treatment Setting <ul style="list-style-type: none"> • Inpatient Acute, press 1 • Sub-Acute, press 2 • Long Term Acute Care, press 3 • Skilled Nursing, press 4 • Rehab, press 5
	Enter CPT Code (primary CPT) followed by # key
	Enter Scheduled Date followed by # key (Example: 01072008#)
	Certification Request for Surgical or Emergency Admission <i>(select option from voice prompt)</i>
	iEXCHANGE Case ID Number Is: _____

Converting Alpha Characters to Numeric			
When entering a letter (alphabetic character) using your telephone's key pad, please use the following guide to convert the letter (alpha character) in a Member ID or the entry of ICD-9 code:			
1. Press the * key (asterisk) to indicate that you are entering a letter.			
2. Press the key on the phone pad that contains the letter you wish to enter.			
3. Indicate the letter you wish to select by entering the appropriate Number on your telephone's key pad,			
A = 21	H = 42	O = 63	V = 83
B = 22	I = 43	P = 71	W = 91
C = 23	J = 51	Q = 72	X = 92
D = 31	K = 52	R = 73	Y = 93
E = 32	L = 53	S = 74	Z = 94
F = 33	M = 61	T = 81	
G = 41	N = 62	U = 82	

Note: Physician and other Professional Provider & Facility NPIs are found in BCBSTX' online provider directory, *Provider Finder*, at www.bcbstx.com. The NPI is listed immediately below the physician's/facility's information

(Please make copies of this form for future use)

